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REPORT OF THE EXECUTIVE DIRECTOR FOR 2011: PROGRESS IN IMPLEMENTATION OF THE UNFPA STRATEGIC PLAN, 2008-2013

Summary

The present report provides an analysis of the progress, challenges and lessons learned during 2011 in implementing the strategic plan, 2008-2013. The report's structure and analysis are based on the two central frameworks of the strategic plan, namely, the development results framework (DRF) and the management results framework (MRF).

To comply with the word-count limit for official documents, the report focuses on key highlights and the annexes available separately on the UNFPA website provide additional quantitative analysis and information, which delineate progress and performance trends against key indicators of the DRF and MRF for the period 2008-2011.

Elements for a decision are contained in the final section of the report.

The present report should be read in conjunction with the Statistical and financial review, 2011 (DP/FPA/2012/6, Part I/Add.1), which provides expenditure analysis for 2011.

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I. Introduction

1. The present report provides an analysis of the progress, challenges and lessons learned during 2011 in implementing the UNFPA strategic plan, 2008-2013 (see DP/FPA/2007/17 for the full strategic plan, 2008-2011, and decision 2009/16, which extended the strategic plan, 2008-2011, to 2013)[1]. The report's structure and analysis are based on the two central frameworks of the strategic plan, namely, the development results framework (DRF) and the management results framework (MRF). To comply with word-count limits, the report focuses on key highlights and the annexes available separately on the UNFPA website provide additional quantitative analysis and information, which delineate progress and performance trends against key indicators of the DRF and MRF for the period 2008-2011.

2. UNFPA has continued to strengthen the methodology, analysis and data quality of its annual reporting. The analysis in the present report draws on a range of information sources, including annual reports from UNFPA offices in the field and at headquarters, programme evaluations and reviews. This triangulation of information seeks to provide a balanced analysis of UNFPA contributions to the strategic plan outcomes; challenges encountered; and lessons learned.

II. Global and organizational context

3. The year 2011 was marked by both challenges and opportunities. Along with the historic events in the Arab States region, the world witnessed the disaster in Japan; the continuing debt crisis in Europe; a drought in the Horn of Africa; and severe floods in Asia. The full impact of these events on international development, human security and social progress is not immediately discernible and will only become evident over time. However, one thing became apparent: emerging economies generally fared better in the economic crisis than the advanced economies, signaling new opportunities for South-South and triangular development cooperation.

4. For UNFPA, 2011 was a year of change. New leadership and the midterm review (MTR) of the strategic plan (DP/FPA/2011/11) brought about a more sharpened focus for 2012-2013. The results frameworks were streamlined and a business plan developed to increase the effectiveness of UNFPA work and the Fund's engagement with its partners.

5. The world's population reached seven billion in 2011, providing opportunities to highlight the interaction of population dynamics and development, poverty reduction, climate change, food and water scarcity, energy

[1] See DP/FPA/2011/3 (Part I) for a cumulative analysis of progress during 2008-2010.

insecurity, education and health. While leading the global review of the International Conference on Population and Development (ICPD), UNFPA focused on the cohort of young people and Millennium Development Goal 5 on maternal health, which shows the least progress compared to other Millennium Development Goals (MDGs). The Secretary-General's Global Strategy for Women's and Children's Health supports additional efforts to save women's lives. The Fund will continue to strengthen its rights-based focus in addressing the unmet need for family planning.

III. Development results framework

6. This section provides an analysis of progress on the strategic plan development results and UNFPA contribution to those results. It highlights results in each of the 13 strategic plan outcomes under the three focus areas of population and development, reproductive health and rights, and gender equality. Cross-cutting concerns are also discussed.

A. Overview

Progress in strategic plan indicators 2008-2011

7. Annex 1 provides data on progress made in each of the 26 strategic plan DRF indicators. Trend data are available for 23 of the 26 indicators, and of the 23, targets set for 2011 have been achieved for nine indicators. Available data indicate that for 14 of the 23 indicators progress is lagging behind. Although in a number of countries there are positive signs that investment is making a difference, the analysis shows that perhaps the global targets set were too ambitious and/or programme efforts need to be further strengthened, particularly in the areas of maternal health and family planning. UNFPA with its partners is supporting efforts to ensure availability of data to track progress in these areas.

UNFPA programme performance at country level

8. During 2011, 83 per cent of country programmes implemented 75 per cent of planned annual workplan outputs as compared to the 2007 baseline of 51 per cent (details are provided in annex 7).

UNFPA expenditures on development results

9. The overall resources, both regular and other, expended on the 13 development outcomes are provided in annex 2. Total UNFPA expenditures in the focus area of reproductive health and rights remained the highest (58.0 per cent), followed by those in population and development (16.3 per cent), gender equality (12.4 per cent), and programme coordination and assistance (13.3 per cent).

B. Progress and challenges

10. This section highlights the progress achieved during 2011 in the 13 outcomes of the strategic plan in the three focus areas of UNFPA and delineates some key challenges and lessons learned.

1. Population and development

Outcome 1: Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks

11. UNFPA leveraged its diverse partnerships and engaged its partners in the 7 Billion Actions campaign. This was followed by the launch of the Fund's report on the *State of the World Population 2011: People and possibilities in a world of 7 billion*. UNFPA also worked to ensure that population issues were addressed in MDGs reviews and the follow-up to major United Nations conferences, including on least developed countries and ageing, preparatory meetings for the Rio+20 Conference, as well as in the post-2015 development agenda.

12. At the national level, support for the integration of population dynamics and related population matters in development strategies and plans was mainly provided through capacity-development activities. Results suggest that the target for 2011 of 90 per cent was partially met, which underlines the need for further support to countries in this area.

13. Preliminary results of the analysis of resource flows for population and development suggest an increase in funding for all four areas of the "costed population package" of the ICPD Programme of Action. Domestic expenditures for population activities increased from $29.8 billion in 2009 to $33.7 billion in 2010, and were projected to increase to $35 billion in 2011, far above the 25 per cent increase targeted in 2007 (see E/CN.9/2012/6). However, the total donor and domestic funding for 2010 was roughly $20 billion short of the estimated requirement of $65 billion to achieve the goals of the ICPD Programme of Action. UNFPA will continue to strengthen its efforts to ensure that population issues are at the centre of the post-2015 development agenda.

Outcome 2: Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend

14. UNFPA continued to empower young people to advocate for the inclusion of their rights and needs in public policies through capacity development,

strengthening youth-led organizations, and developing institutional structures for youth participation, with a particular focus on those most marginalized. For example in Nepal, the Ministry of Youth and Sports developed a framework for youth-responsive budgeting in consultation with youth organizations. UNFPA contributed to the first regional report of the population dynamics of Afro-descendant youth in Latin America and the Caribbean. In Costa Rica, UNFPA supported the implementation of the joint programme on youth, employment and migration.

15. Capacity-building of young people's networks such as Youth LEAD and the HIV Young Leaders Fund has enabled youth to voice their opinions and engage in advocacy and public policy debate on access to services, comprehensive sexuality education, and youth participation in sexual and reproductive health (SRH)/HIV programmes. In response to recent events in the Arab States region, UNFPA played an active role in developing the United Nations Development Group (UNDG) strategic action plan on young people, which highlights the critical importance of civic participation and explores the role of young people as change agents to further foster the culture of citizenship. UNFPA also supported the African Youth Forum in Addis Ababa in April 2011, as well as youth participation in the High-Level Meeting on AIDS in New York in June 2011. In Egypt, UNFPA supported a national survey of young people and the development of policy documents, which advocate for increased investments in young people, in particular those in the lowest socio-economic quintile. UNFPA is working with Restless Development to develop innovative youth programmes. In Uganda, a group of Karimojong youth was supported to conduct research on the lives of their peers; in Zambia, young people used data to prepare a "State of the Nation Report". The lessons learned from these experiences helped develop toolkits for youth-led participatory research and advocacy.

Outcome 3: Data on population dynamics, gender equality, young people, sexual and reproductive health, and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation

16. Countries are progressing on census operations based on national priorities and in compliance with a 10-year interval between censuses. By the end of 2011, 63 per cent of programme countries receiving UNFPA assistance had completed their population and housing censuses as planned with significant support from UNFPA, including funding, donor coordination or technical assistance.

17. During 2007-2011, 95 per cent of programme countries had conducted a national household/thematic survey that included ICPD-related issues, an increase of more than 10 per cent with respect to the baseline of 83 per cent estimated during 2000-2005. Nearly 75 per cent of the national development plans (NDPs)

approved in 2010-2011 included time-bound indicators and targets from national/subnational databases. UNFPA contributed to the consolidation of statistical information systems on ICPD-related issues with its MDG5b+Info online database system to track global progress on the MDGs, and applications like CensusInfo and REDATAM (retrieval of data for small areas by microcomputer). The 2011 *Partner Report on Support to Statistics* prepared by the Partnership in Statistics for Development in the 21st Century (PARIS21) and based on data from 30 UNFPA offices, lists UNFPA as the fourth largest contributor to statistical development, after the World Bank, the United Kingdom of Great Britain and Northern Ireland, and the European Union.

Outcome 4: Emerging population issues – especially migration, urbanization, changing age structures (transition to adulthood, ageing) and population and environment – incorporated in global, regional and national development agendas

18. UNFPA worked to raise awareness, build a knowledge base, and strengthen national capacity to incorporate emerging population issues such as ageing, migration, urbanization and environment/climate change into national development plans, tailored to address the growing needs of countries in these areas. Slightly more than half of the newly approved NDPs/poverty reduction strategy paper (PRSPs) addressed such emerging population issues, indicating limited progress.

19. The world is ageing rapidly. Globally, ageing and its implications are not given sufficient attention. To address these challenges, UNFPA worked at global, regional and country levels to raise awareness of population ageing and the need to include the issues of older persons in NDPs/PRSPs. UNFPA supported the preparation of the 10th anniversary of the Second World Assembly on Ageing, including a compilation of policies, legislation, data, research, and institutional arrangements relating to older persons; and a report on human rights legislation pertaining to the elderly. In collaboration with the United Nations Department of Economic and Social Affairs, WHO, and experts, UNFPA produced a minimum set of indicators to monitor progress towards the implementation of the Madrid International Plan of Action on Ageing, and supported HelpAge International's Age Demands Action global campaign to fight age discrimination.

20. The magnitude and complexity of international migration makes it a high-priority issue for both developing and developed countries. UNFPA collaborated with partners including as a member of the Global Migration Group, in a number of activities, such as the symposium on migration and youth, United Nations country team (UNCT) migration theme groups, mainstreaming pilots, and international migration surveys.

21. The changing size, location and composition of populations, along with the resources at their disposal, also have major impacts on people's vulnerability and ability to adapt to climate change. The world is undergoing the largest wave of urban growth in history with a projected increase of nearly two billion additional urban residents in the next 20 years, with the vast majority living in developing countries. Effective planning for urbanization is a foundation for development. In 2011, UNFPA continued to support better integration of urbanization projections into planning and programming, including case studies on urbanization in Brazil, China, India and the Russian Federation to provide guidance for countries experiencing and managing urban transitions; and studies on links between urbanization, gender and reproductive health.

Challenges/lessons learned

22. The inclusion of population issues, including emerging issues, and time-bound indicators and targets in national development strategies and plans continues to lag behind. Also, young people and their priorities do not receive the attention they deserve in NDPs/PRSPs. Major challenges pertain to ensuring the availability of reliable and timely data for policymaking and advocacy, and adequate human and financial resources to effectively meet growing demands in these areas.

23. In moving forward, support will be provided to generate data and build the capacity for its use in advocacy and policymaking processes; and to disseminate good practices. As reflected in the revised strategic plan, the focus will be on strengthening institutions for meaningful youth participation in society, including in decision-making.

2. Reproductive health and rights

Outcome 1: Reproductive rights and sexual and reproductive health demand promoted and the essential sexual and reproductive health package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring

24. The year 2011 saw strong leadership, increased momentum and decisive action in relation to reproductive health, including repositioning family planning and obtaining increased funding. The Secretary-General's Global Strategy on Women's and Children's Health continued to elevate reproductive health and reproductive rights at the international level as well as in policies and programmes at the national level. Over 100 new commitments were made, ranging from increasing access to modern contraceptives (Afghanistan, Bangladesh, Cambodia, Kyrgyzstan, Myanmar, Nepal and Nigeria); increasing the budget allocated to

maternal, neonatal and child care by 50 per cent by 2015 (Senegal); increasing human resources for maternal and newborn health (Afghanistan, Bangladesh, Lao People's Democratic Republic, Myanmar and Nepal); providing free deliveries (Indonesia, Lao People's Democratic Republic, Nepal); and reducing adolescent pregnancies (Bangladesh). UNFPA supported countries to implement commitments, as part of a comprehensive package of essential reproductive health services. Through the Health 4+ (H4+) partnership, efforts were scaled up in countries such as Afghanistan, Bangladesh, Burkina Faso, Democratic Republic of the Congo, Sierra Leone, Zambia and Zimbabwe to enhance financing, strengthen policy and improve service delivery for women's and children's health. The Campaign on Accelerated Reduction of Maternal Mortality in Africa continued to expand, with 36 countries in Africa successfully engaged in the campaign.

25. UNFPA continued to leverage support for reproductive health and reproductive rights in national processes, utilizing key opportunities in the planning, budgeting and policy development cycle. Successful efforts included the incorporation of key indicators such as adolescent pregnancy, comprehensive emergency obstetric and newborn care coverage, and unmet needs for family planning in the Health Sector Development Plan IV of Ethiopia, the elaboration of the reproductive health strategy in Iraq and similar efforts in Angola, Côte d'Ivoire, Gabon and Kenya. During humanitarian crises, access to reproductive health services is essential. A number of countries, including the Comoros, Ethiopia, Gabon, Pakistan and the Philippines engaged in capacity-building on the minimum initial service package (MISP). In Ethiopia, life-saving emergency reproductive health medicines, supplies and equipment were made available for health facilities located in drought-affected areas and refugee camps to benefit an estimated total of 125,000 persons. Reproductive health services were provided to thousands of camp residents on the Tunisian/Libyan border.

Outcome 2: Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications

26. With an operating budget of $30 million, the UNFPA maternal health thematic fund scaled up support to 33 priority countries for maternal health, including for midwifery and to 43 countries for the Campaign to End Fistula. The midwifery programme, led by UNFPA in partnership with the International Confederation of Midwives, supported 30 countries, with 22 midwifery advisers in 19 countries. To date, 27 national needs assessments and gap analyses have been conducted to strengthen midwifery capacities and policies. Similarly, over 150 midwifery schools and new midwifery associations were launched, including in Afghanistan, Bangladesh, Burkina Faso, Ethiopia, Guyana, South Sudan and Zambia. South-South collaboration has been fostered between countries. In 2011,

UNFPA and its partners launched the first-ever report on the *State of the World's Midwifery* which presents data on midwifery from 58 low-resource countries. A strategic partnership has been developed with Intel Corporation to strengthen the quality of training of midwives and frontline health workers using information and communications and broad-band technologies to improve care and reporting.

27. UNFPA, UNICEF, and Columbia University's Averting Maternal Death and Disability Program supported national emergency obstetric and newborn care assessments in Benin, Burkina Faso, Burundi, Chad, Ghana, Guyana, Lao People's Democratic Republic, Liberia, Malawi and the Niger to provide reliable data for scaling up services and for resource mobilization.

28. Under the leadership of UNFPA as secretariat of the global Campaign to End Fistula, and in partnership with Direct Relief International and the Fistula Foundation, a global mapping exercise for fistula in 40 countries was developed. A clinical training manual for fistula surgeons has been finalized in partnership with the International Federation of Gynecology and Obstetrics. A landmark fistula study to examine post-operative prognosis, improvement in the quality of life, social reintegration and the rehabilitation of fistula patients was launched in Bangladesh, Ethiopia and the Niger in partnership with the Johns Hopkins University Bloomberg School of Public Health. UNFPA also supported over 5,000 women and girls to receive surgical fistula repairs.

29. A major contribution of UNFPA towards accountability in maternal mortality reduction is the adoption by partners of maternal deaths surveillance and response. To improve real-time reporting of maternal deaths and stock-outs of commodities pilot projects using mHealth (mobile health) were developed in Burkina Faso, Madagascar, Mali and Sierra Leone. In addition, Benin, Ethiopia, Ghana, Madagascar and Malawi are moving towards the institutionalization of maternal death audits to improve the quality of care. UNFPA also supported an international innovative peer review of the maternal health strategy of Morocco, with inputs from experts and policymakers from Djibouti, Egypt, Morocco, Occupied Palestinian Territory, Tunisia, Sudan and Yemen.

Outcome 3: Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention

30. UNFPA intensified efforts to close the gap between the number of individuals who use contraceptives and those who would like to space or limit the number of their children, garnering more donor support than ever before, and directing the funds to strengthen the capacity of health systems and procure essential reproductive health supplies. Some $145 million in extrabudgetary resources were mobilized for this work in 2011. Support to programmes and

strategies at country level continued to advance access, availability and utilization of family planning. Community-based distribution continued to play a key role in reaching underserved communities.

31. UNFPA country reports show that the proportion of countries with service delivery points offering at least three modern methods of contraception continued to improve from a 2007 baseline of 32.9 per cent to 38 per cent during 2010-2011. To avert stock-outs and shortfalls, UNFPA provided support to 56 countries to procure contraceptives for family planning, including male and female condoms for dual protection from sexually transmitted infections (STIs)/HIV and unwanted pregnancy.

32. In the 12 countries receiving the most comprehensive support, stock-outs of critical supplies have been reduced; and national policies and budget lines for family planning commodities are in place with national funds pledged for computerized commodities supply management systems with trained staff. The number of couples using modern methods of contraception is increasing dramatically. UNFPA is a leading partner in the Reproductive Health Supplies Coalition and works closely with bilateral donors, international non-governmental organizations (NGOs), foundations and the private sector. In bringing services closer to communities in Benin, Burkina Faso, Ecuador, Ethiopia, Lao People's Democratic Republic, Mongolia, Nicaragua, Philippines, the Sudan and many other countries, demand generation focused on community-based distribution and collaboration with community and religious leaders, and the training of service providers. Training also built the capacities of logistics managers using software such as CHANNEL.

Outcome 4: Demand, access to and utilization of quality HIV- and STI-prevention services, especially for women, young people and other vulnerable groups, including populations of humanitarian concern increased

33. UNFPA continues to lead to reduce new HIV infections in youth, women, and sex workers through delivery of an evidence-informed and integrated response. Expanding access to condoms is a central focus. Eighty-six countries are implementing the UNFPA "10-step strategic approach to comprehensive condom programming", which involves the development of national condom strategies, policies and plans. Among the development partners, UNFPA was the largest supplier of both male and female condoms to low-income countries in 2010.

34. The UNAIDS global plan to eliminate mother-to-child transmission of HIV and prongs one and two of its strategic framework guide UNFPA work. Thirty-eight countries have received direct support to date, including through regional consultation in Eastern Europe and Central Asia on scaling up family

planning services for people living with HIV (PLHIV) and key populations to reduce unintended pregnancies. In Thailand, the involvement of men in couple counselling and testing and the human rights-based SRH services for PLHIV has been scaled up through training of service providers. Collective results of partners include 65 per cent of health facilities in Madagascar offering prevention of mother-to-child transmission (PMTCT) and newborn care services; scaling up of PMTCT in 80 per cent of all health facilities in Malawi; and increased uptake of voluntary counselling and testing and PMTCT services in Burundi.

35. Twenty-three countries assessed SRH/HIV linkages shaping national plans; 17 countries completed impact assessments on progress; and support continues to European Union-funded programmes in seven African countries to strengthen linkages/integration. Fifty-four countries developed and/or implemented HIV-related policies addressing gender equality in national AIDS programmes, up from 26 in 2010. UNFPA worked to enhance human rights protection and service access for sex workers in 65 countries. In-reach training addressing stigma, discrimination and HIV risk and vulnerability of key populations reached 37 UNCTs. HIV-prevention report cards for key populations were completed for 10 countries. Data generation, mapping, assessments and population size estimations were undertaken in 26 countries leading to evidence-informed national strategies, plans and programmes.

36. The UNAIDS Advisory Group on HIV and Sex Work, co-chaired by UNFPA, launched guidance to inform national responses on reducing the demand for unprotected paid sex, economic empowerment, rights, and differentiating sex work and trafficking. Forty-five UNFPA country offices supported programmes with uniformed services in the areas of HIV, SRH and gender-based violence (GBV), including working with peacekeeping missions, supporting disarmament, demobilization and reintegration programmes and procuring and distributing condoms for HIV prevention as part of the MISP.

Outcome 5: Access of young people to sexual and reproductive health, HIV and gender-based violence prevention services and gender-sensitive life skills-based sexual and reproductive health education, improved as part of a holistic multisectoral approach to young people's development

37. UNFPA continued to strengthen capacities to deliver and scale up adolescent sexual and reproductive health (ASRH)/HIV information, education and services. Support was provided in 87 countries to strengthen youth-friendly SRH/HIV services. Sierra Leone is championing an SRH programme that brings the health, education and other sectors together for young people, highlighting the need to reduce adolescent pregnancies and child marriages. Zambia is strengthening the capacities of community-based groups to provide integrated ASRH information and services for youth, especially rural girls. Georgia engaged

the private sector to ensure accessible services. Moldova is scaling up services for young people within the national health system and a UNFPA-supported programme for adolescent mothers in Guyana is providing second-chance opportunities. Globally, UNFPA developed an institutional strategy to support governments and other partners in providing rights-based, gender-sensitive sexuality and HIV education, both in and outside of schools. The proportion of countries with secondary school curricula incorporating comprehensive sexuality education continues to increase. UNFPA supported national partners in 70 countries to design, implement and evaluate comprehensive sexuality education programmes.

38. UNFPA played a critical role in supporting the Andean Plan for the Prevention of Adolescent Pregnancy, an initiative of Bolivia, Colombia, Chile, Ecuador, Peru and Venezuela, bringing together health and education ministries to address adolescent pregnancy. The 2011 Medellin Declaration emphasizes efforts to reduce adolescent pregnancy and invest in adolescent girls as key to ending intergenerational poverty.

39. With support from UNFPA and its partners in the United Nations Inter-Agency Task Force on Adolescent Girls, Ethiopia, Guatemala, Liberia and Malawi implemented comprehensive programmes for girls combining education, health (especially SRH), violence prevention, leadership, and improved data. It is expected that an additional 18 countries, including Egypt, Nepal, Pakistan and the United Republic of Tanzania will follow this approach.

Challenges/lessons learned

40. Where countries have prioritized reproductive health and put in place innovative solutions, notable progress in increasing access to SRH information and services is seen. However, many challenges remain, in particular in reaching the most marginalized groups, including young people. Progress in facilitating access to contraception to address unmet needs for family planning has been insufficient. Gaps in laws, inadequate enforcement and weak policy frameworks present significant barriers. In addition, weak health systems, poor coordination among sectors, as well as sociocultural barriers to SRH continue to prove challenging. However, involving stakeholders at different levels, particularly at community level can make a difference.

41. Sexuality education continues to face opposition despite overwhelming evidence of its effectiveness. Curricula quality varies and teachers require more training. Child marriage remains a pervasive practice violating girls' rights that puts them at risk of early pregnancy and poor SRH outcomes. Many youth programmes are underresourced and miss reaching marginalized girls. Strategic

investment in ASRH information and services must be increased and programmes must be scaled up, particularly to reach the most vulnerable young people.

3. Gender equality

Outcome 1: Gender equality and human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws

42. With the establishment of UN-Women, UNFPA revised its gender strategy to focus its mandate on the linkages of gender equality with SRH and reproductive rights. In 2011, UNFPA continued technical assistance for strengthening of national capacities to ensure that national development policies and funding frameworks incorporate gender equality and the human rights of women and adolescent girls, particularly their reproductive rights. In Eritrea, Gabon, Myanmar, Sri Lanka and Uganda, UNFPA built national capacity for gender mainstreaming and to raise awareness of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other human rights conventions.

43. UNFPA supports governments to implement policies and enforce laws in emergency/post-emergency and conflict situations, in line with Security Council resolution 1325. UNFPA facilitated South-South learning and provided support to build capacity at community levels in a number of countries.

44. UNFPA works with partners, and in particular UN-Women, to mainstream gender in the United Nations system. For instance, UNFPA country office staff in Azerbaijan, Burundi, Indonesia and Turkey received training in implementing the gender marker, a mechanism for tracking expenditures, which will become mandatory for implementation across UNFPA in 2013. More generally, through inter-agency collaboration, UNFPA is supporting the integration of a gender perspective in data management and analysis.

Outcome 2: Gender equality, reproductive rights and empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices

45. UNFPA has been scaling up strategies to increase a supportive environment for male participation and the elimination of harmful practices. In Bangladesh, Cambodia, China, Malawi and South Africa, UNFPA and its partners mobilized men and boys and initiated new programmes on GBV prevention and improved response. UNFPA engagement with male parliamentarians in several countries, among them Indonesia, Myanmar and Sri Lanka, through regional networks helped raise awareness and support for enabling policies and legal

frameworks. In Belize, India, Namibia, Niger and Uzbekistan, UNFPA promoted male participation at the community level contributing to a conducive sociocultural environment for promoting reproductive rights and achieving access to SRH services.

46. UNFPA continued to strengthen its partnerships with faith-based organizations. As part of this work, the Second Strategic Learning Exchange/Training was completed in collaboration with UNAIDS and the United Nations System Staff College. The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting actively contributed to the accelerated abandonment of female genital mutilation/cutting (FGM/C) in 15 countries and globally. Efforts against FGM/C yielded encouraging results. Throughout Africa, more than 18,000 community education sessions were held and about 3,000 religious leaders publicly declared that the practice should end. Consequently, almost 2,000 communities declared their abandonment of the practice during 2011. In addition, two countries -- Kenya and Guinea-Bissau -- issued legislation on FGM/C, bringing to 18 the total number of countries banning FGM/C in Africa.

Outcome 3: Human rights protection systems (including national human rights councils, ombudspersons and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence

47. UNFPA contributed to the development of a global and national enabling environment for the recognition and protection of reproductive rights and women's human rights. This included the design of global advocacy tools to clarify the meaning and relevance of applicable human rights standards and principles and the development of national capacities of government institutions, civil servants, health service professionals and civil society to promote and protect these rights. UNFPA contributed to clarifying the right to SRH, through technical support to the General Comment drafted by the Committee on Economic, Social and Cultural Rights. UNFPA increased its engagement with the work of the United Nations Special Rapporteur on trafficking in persons, and the United Nations Special Rapporteur on violence against women, among others. UNFPA developed the capacity of the National Human Rights Commissions of Kenya, Nepal, Nicaragua, Philippines and Sierra Leone to monitor violations of reproductive rights through training and technical assistance.

48. UNFPA supported parliaments and government departments in the development of national legislation relating to women's human rights and reproductive rights in Gabon, Mali and Zambia. Review studies of existing legal frameworks in light of international instruments were conducted in Lebanon and Myanmar. In Azerbaijan, a comprehensive assessment of laws, policies and institutions was conducted to develop an advocacy strategy to integrate

reproductive rights in national protection systems. Similar efforts to integrate human rights into national policy frameworks and development plans were undertaken in Brazil with a focus on monitoring and evaluation systems, and in Iraq on eradicating child marriage.

Outcome 4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations

49. UNFPA continues to address GBV in collaboration with other United Nations agencies and in the context of existing inter-agency partnerships. Through the joint programme on violence against women, a compendium of lessons learned was developed.

50. UNFPA assists countries in expanding programmes including in emergency and post-emergency situations. UNFPA supported the development of baseline data on the implementation of Security Council resolution 1325, particularly regarding the number of sexual violence and GBV cases reported and access of women and girls to relevant health services in select districts/provinces in Burundi and Nepal.

51. UNFPA convened a global meeting on prenatal sex selection with high-level participation from Asian countries and some Eastern European countries. UNFPA supported South-South collaboration on addressing sex selection and lessons learned from China and India, and provided technical assistance to Eastern European countries.

52. With UNFPA support, Angola adopted a law against domestic violence; Zimbabwe developed the national GBV strategy 2011-2015; Maldives finalized the Domestic Violence Bill drafted in 2010; and the Sudan incorporated the national GBV strategy in the National Five-Year Strategic Plan. Armenia developed and promoted the GBV National Action Plan.

53. South-South cooperation initiatives between Brazil and Haiti, and Guinea-Bissau and Colombia have assured training for youth on addressing GBV. Meanwhile, Cuba consolidated the national GBV information systems and capacity-building. Through the joint programme on violence against women, Burkina Faso, Indonesia, Rwanda and the Philippines scaled up their initiatives in collaboration with United Nations agencies, government and civil society stakeholders. The Rwanda "One Stop" centre model of comprehensive GBV services has become a good practice model and provides a South-South collaboration platform.

Challenges/lessons learned

54. Country-level information supports the findings of the 2010-2011 independent midterm evaluation of the UNFPA strategic plan organizational goal on gender equality, which identified significant achievements. The evaluation found that 'all consulted stakeholders described UNFPA as a highly respected and effective advocate for gender equality… at the country level'. However, resources and the capacity to address gender, human rights and sociocultural issues continue to be a challenge. While there has been progress in the development and strengthening of national policies and laws around women's rights and reproductive rights, implementation of those frameworks tends to lag behind and the capacity of national human rights protection systems varies. Reaching out to women living in rural areas and marginalized groups is challenging in many countries due to prevailing patterns of illiteracy and the lack of tools and resource persons able to work in local languages. This situation underscores the need to continue to adapt programmes and tools to the needs of those hardest to reach, most particularly through building and strengthening linkages between programmes that seek to enhance women's economic status, including through investments in agriculture or microcredit/finance, and programmes that provide access to SRH services, protection, information and education.

4. Cross-cutting concerns

55. The UNFPA strategic plan (DP/FPA/2007/17) identified three cross-cutting concerns, namely, (a) mainstreaming young people's concerns; (b) emergencies and humanitarian assistance; and (c) special attention to marginalized and excluded populations. In addition to the discussion on these concerns in the sections above, annex 1 provides information on progress on the indicators related to humanitarian assistance, young people and special population groups, which are included in all three focus areas of the strategic plan. Further details on UNFPA humanitarian assistance during 2011 are also provided in annex 3.

IV. Management results framework

56. The UNFPA strategic plan situates the nine outputs and indicators of the MRF in the key organizational dimensions of human resources, financial management and results-based management (RBM), within the context of contributing to achieving development results. Annex 1 provides an update on the MRF indicators for the period 2008-2011. A brief on each of the nine MRF outputs to complement the quantitative indicator progress is provided below, including challenges and lessons learned, building on the MTR which identified key management challenges and priorities for UNFPA reflected in the revised four MRF outputs (see DP/FPA/2011/11).

Output 1: Increased results-based management effectiveness and efficiency

57. UNFPA developed a business plan with seven action areas to implement the recommendations of the strategic plan MTR, including on RBM. Nine hundred and five staff members from 87 per cent of UNFPA country offices participated in RBM training, and 212 of them successfully completed the RBM Basics e-module. Guidance and tools on strengthening RBM, evidence-based programming and evaluation were developed and shared (see annex 4). All UNFPA country programmes submitted to the Executive Board annual session benefited from the evaluations of the prior country programmes. Management responses were prepared for all evaluations. Eighty-two per cent of country offices reported having a monitoring and evaluation plan. The UNFPA institutional budget for the 2012-2013 biennium was developed ensuring a clear correlation between resources and management results. UNFPA updated its office management plan and annual reporting guidelines in the context of lessons learned and for improved efficiencies. UNFPA will continue to strengthen RBM and evaluation in 2012 as part of the output in the revised strategic plan MRF.

Output 2: Ensured results-oriented high-quality UNFPA programme delivery at the country, regional and global levels

58. Several initiatives were put in place to strengthen UNFPA programming to address the concerns shared in the MTR. Work was initiated to review and align the new as well as ongoing country programmes to the revised strategic direction and focus. Tools were developed and knowledge-sharing activities conducted through webinars and teleconferences to facilitate the alignment. The UNFPA Policies and Procedures Manual was updated. The global and regional programmes for 2012-2013 were aligned to the revised strategic plan results frameworks. UNFPA finalized its second-generation humanitarian strategy and standard operation procedures and more than 70 per cent of country offices reported that humanitarian preparedness and response issues were covered in their country programmes.

59. UNFPA country offices reported 184 South-South cooperation initiatives focusing on capacity development, with Brazil as a major contributor. The majority were related to exchanges of knowledge, expertise and technologies. In South Sudan, for example, UNFPA supported the partnership between the South Sudanese and Ugandan Ministries of Health and established scholarships that enabled 18 South Sudanese midwives to undertake training in Uganda. In continuation of strengthening its role in capacity development, the UNFPA publication *Capacity Development Matters: A Practical Guide* showcased 20 case studies that highlighted lessons learned as well as a set of tools for developing and implementing capacity-development programmes.

60. As part of continued efforts to strengthen knowledge management, UNFPA hosted 82 webinars with a total 2,745 participants, more than double of the 39 webinars and 1,740 participants reported in 2010. One webinar session on strategic plan/alignment had the highest participation: 74 UNFPA field offices and 219 connected staff. While webinars are a cost-effective way to reach field colleagues, connectivity issues in the country offices continue to limit access to webinars. UNFPA continued to strengthen good practice documentation: 98 country offices reported good practices and 33 offices documented the practices (see also annex 7).

Output 3: UNFPA maintains motivated and capable staff

61. Significant investment was made in staff training and skills development. A new online learning management system was implemented for all staff and a comprehensive programme for management and leadership development was formulated. UNFPA also launched the first in a series of nine modules on results-based programme planning and management.

62. UNFPA achieved an average recruitment time of under four months for vacancies managed at headquarters – meeting the target for recruitment time. After a number of vacant posts were frozen early in the year due to funding uncertainties, a higher vacancy rate was reported. Total vacancies peaked in April at 17.6 per cent, but this rate fell to 16.4 per cent by year end. Recruitment in high-risk locations continued to be challenging. Furthermore, the difficult security situation in several countries, including country offices affected by the "Arab Spring", had adverse effects on recruitment and added pressure on staff.

63. In order to ensure an even closer alignment between human resources and the strategic direction of the organization, UNFPA initiated an updating of the competency framework for staff at all levels. To better address performance, the performance appraisal and development system was modified to enable second-level supervisors to ensure that the process is effectively conducted and performance issues addressed appropriately.

Output 4: Effective partnerships that protect and advance the ICPD agenda to be maintained and expanded

64. UNFPA country offices reported on a wide and diverse range of partnerships spread across key mandate areas, including partnerships with government agencies, other United Nations organizations and local and international NGOs. A significant number of country offices also reported effective partnerships with the media, academic institutions, faith-based organizations and parliamentarians. In Lesotho, UNFPA partnered with local radio stations to broadcast messages on GBV and youth issues. In Turkey,

UNFPA partnered with the Presidency of Religious Affairs to educate 80 religious leaders to become trainers on domestic violence. They went on to reach 8,000 additional religious leaders through field training. Efforts are under way to expand partnerships with the private sector, albeit from a small base. An example was the 7 Billion Actions campaign, which created a platform to collaborate with technology and media companies. Building and strengthening partnerships is a critical area. UNFPA developed its communication strategy to strengthen both internal and external communication. Annex 6 contains additional examples of partnerships.

Output 5: Ensured leadership of UNFPA and active participation in United Nations reform

65. UNFPA continued to demonstrate commitment and leadership in United Nations reform efforts, particularly regarding the harmonization of business practices and joint programming. UNFPA leadership was demonstrated at all levels, including through chairing various UNDG forums, for example, the UNDG Joint Funding and Business Operations Network. UNFPA participates in the United Nations Development Assistance Framework (UNDAF) programming network and also chaired the task team to develop the UNDG RBM Handbook, finalized in 2011. At the country level, UNFPA offices reported active participation in harmonization and coordination efforts, including common country programme documents in Albania, Cape Verde, United Republic of Tanzania and Viet Nam.

66. Training on United Nations coherence was provided to staff of all country offices preparing new common country assessments or UNDAFs. UNFPA country offices reported participating in 224 joint programmes, exceeding the target of 180. The three most common areas for joint programming reported by country offices were maternal health services, HIV/STI services, and responding to GBV (see annex 7). Lessons learned, including from the Delivering as One and other reviews highlight challenges in United Nations coherence in terms of operational as well as strategic issues. UNFPA will continue to be actively engaged in the upcoming quadrennial comprehensive policy review of operational activities for development of the United Nations system to move forward on addressing the issues.

Output 6: Improved accountability for achieving results at all levels

67. Accountability continued to be the top organizational priority and many steps were taken to strengthen it in 2011. An internal audit monitoring committee was established to ensure urgent implementation of the recommendations of the United Nations Board of Auditors and the UNFPA Division for Oversight Services (DOS). The audit monitoring committee focused on closing all

outstanding audit recommendations, while DOS shifted from compliance audits to performance audits. The national execution audit management system (NEXAMS) shows that 13 per cent of the 2010 audit reports were negative, excluding budgets under the harmonized approach to cash transfers to implementing partners (HACT). UNFPA management has made rigorous investments during 2011 to address systemic issues, in particular those related to national execution (NEX) and compliance with procedures. This includes hiring a global accounting firm to conduct over 90 per cent of NEX audits. Given this investment, UNFPA management is confident that future performance will demonstrate a significant improvement over the 2010 results.

68. Several initiatives to strengthen staff capacity were initiated including a series of procurement webinars and sessions on the internal control framework, audit, and the International Public Sector Accounting Standards (IPSAS). A comprehensive workshop on these topics was conducted with 80 UNFPA Operations Managers and Financial Assistants from country offices participating. The activities of the UNFPA Ethics Office focused on promoting staff and management compliance with organizational policies and processes and adherence to the highest ethical standards. Full compliance with the requirements of the annual financial disclosure programme was recorded.

69. The evaluation function within UNFPA has been strengthened through increased coordination, provision of guidance and full implementation of the 2010-2011 biennial evaluation plan. Coverage of country programme evaluations of country programme documents submitted to the annual session of the Executive Board increased from 35 per cent in 2010 to 100 per cent in 2011. A mandatory evaluation management response tracking system was also established. UNFPA offices reported that all of the 2011 country programme evaluations had a quality assurance mechanism established and also an evaluation management committee to provide substantive guidance. While the quality of evaluations remains a concern, important investments have been made and need to be maintained.

Output 7: Ensured sustainable resources for UNFPA

70. UNFPA continued to surpass its overall resource mobilization targets, with total contributions amounting to $890.5 million, against a target of $693 million. However, some trends indicate ongoing vulnerability. The regular contributions that were mobilized came short of the target, at $450.7 million against a target of $468 million. The share of regular contributions (of total contributions) compared to co-financing fell to 51 per cent in 2011, compared to 62 per cent in 2009, and the total amount of regular contributions fell for the first time since the beginning of the financial crisis. In addition, UNFPA continues to be reliant on a small donor base, with approximately 98 per cent of regular

contributions coming from the top 15 donors. To broaden its donor base, UNFPA has launched a private-sector strategy, and has increased support to country offices to intensify resource mobilization at country level giving more attention to emerging donors and inter-agency funding mechanisms. Broadening the UNFPA donor base will continue to be a challenge in the short term, since the majority of private-sector contributions are in kind, and emerging donors prefer to focus on South-South cooperation or co-financing. UNFPA will focus on long-term relationship building which is required before clear results in dollar terms can be seen in regular resources.

Output 8: Improved stewardship of resources under UNFPA management

71. An increase in programme implementation rates, and reductions in outstanding advances and pre- and post-audit issues were reported, as well as stricter compliance with UNFPA policies and procedures. For instance, the programme implementation rate for core resources at the end of the third quarter increased from 57 per cent in 2010 to 58 per cent in 2011, and 87 per cent of UNFPA country offices carried forward core programme resources below the 10 per cent ceiling in 2011 compared to 85 per cent in 2010.

72. To continue to strengthen capacities, training of staff and implementing partners in Atlas, IPSAS and NEX modalities was conducted. UNFPA country offices reported an increase in monitoring visits, and special tools (such as dashboards, checklists) were developed to improve stewardship of resources. An increased use of the 2011 cash advance policy was also reported to reduce the risks in using direct payments. Preparations continued for full implementation of IPSAS in 2012, including completion of IPSAS policies and training of relevant field and other staff.

73. Almost 20 per cent of the country offices reported various benefits from common services agreement, with about half referring specifically to compliance with HACT. UNFPA offices in Gabon, Madagascar and Pakistan reported addressing the issue of fewer and more strategic implementing partners and activities for better management of workplans. UNFPA developed and submitted its 2012-2013 institutional budget, reflecting the new cost classification categories and results-based budgeting framework that are harmonized with UNDP and UNICEF.

Output 9: UNFPA will have become a stronger field-focused organization

74. The UNFPA regionalization process was completed in 2011, with the establishment of the final two regional offices – the Arab States Regional Office in Cairo and the Eastern Europe and Central Asia Regional Office in Istanbul. UNFPA developed its global and regional programme for 2012-2013 ensuring

increased resources to the field. UNFPA also maintained the strategic plan target of 82 per cent of all institutional budget posts located in the field.

75. More than 80 per cent of country offices rate the support provided by regional offices as "excellent" or "good" in terms of relevance and quality of support. Humanitarian field support missions were made to 15 countries, and technical support was provided to 38 countries from headquarters and the UNFPA office in Geneva. Nearly 60 per cent of the 16 countries with acute emergencies received funding within 48 hours. A study on UNFPA disaster preparedness, using a sample of seven country offices, will also inform and improve UNFPA disaster preparedness initiatives.

76. Country programmes continue to be at the centre of UNFPA work. Several mechanisms are in place for the provision of field support through virtual as well as in-country mechanisms. Further efforts to address challenges in field support and strengthen the provision of coordinated technical, operational and programme support to the field have been initiated with increased attention to support to field offices during critical periods such as programme development. The evaluation of UNFPA reorganization to be undertaken in 2012 will also provide recommendations to continue to strengthen the Fund's field focus.

V. Elements for a decision

77. The Executive Board may wish to:

(a) *Take note* of the documents that make up the report of the Executive Director for 2011: DP/FPA/2012/6 (Part I, Part I/Add.1 and Part II);

(b) *Take note* of the progress achieved in implementing the UNFPA strategic plan results frameworks;

(c) Also *take note* of the efforts undertaken by UNFPA to implement the revised strategic direction and recommendations of the midterm review of the strategic plan, 2008-2013, through the business plan;

(d) *Provide* guidance on elements for the next UNFPA strategic plan, 2014-2017.